

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043842
6332 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1022 Registrar's No.

FILED DEC 11 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 53 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 3600 East 10th. Street		d. STREET ADDRESS (If outside, give location) 3600 East 10th. Street	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RALPH Middle M Last CODDING		4. DATE OF DEATH Month November Day 22 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-1-1910
9. AGE (last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Superintendent	
10a. KIND OF BUSINESS OR INDUSTRY Waldheim Bldg.		11. BIRTHPLACE (City and state or country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jay Coddling	
13b. MOTHER'S MAIDEN NAME Birdie Judy		14. NAME OF HUSBAND OR WIFE Mary Coddling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Mary Coddling		Address 3600 E. 10th St.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Peritonitis DUE TO (b) Perforated Peptic Ulcer DUE TO (c) St. 15 hours			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8 a.m. Month, Day, Year 11-21-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City, Missouri	
21. I attended the deceased from 8:00 PM 11-18-63 to 11-21-63 and last saw him alive on 11-19-63 Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS 3401 E 12th St KC Mo	
22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		22d. DATE SIGNED 11-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-25-63	
23c. LOCATION (City, town, or country) Kansas City, Missouri		23d. STATE Missouri	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 11-22-63	
ADDRESS 20 W. Linwood		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED
12-3-63

DOCUMENT Funeral Home Records.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
November 22, 1963

SHOULD READ
November 21, 1963

ITEM NO. 4

USE BLACK INK OR TYPEWRITER RIBBON

Mr. J. M. Haight

3401 E. 12th

Be 1-4822

Arr. 1:30 to 4:00

Call before you go
to see if he has
rec'd post results.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Hackman

Licensed Embalmer No. 4523

P.O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.